STANDARD CERTIFICATE OF BIRTH  STANDARD CERTIFICATE OF BIRTH  State. ATTAINTON  Stat	ARIZONA STATE B	BOARD OF HEALTH	
District or Township  Oity Marm (No. 7/5 March All)  St. Ward (If birth occurred in a hospital or institution, give its NAME instead of street and number)  If child is not yet named, make in event of ploral in event of	STANDARD GERMAN OF VITAL STATISTICS State File No.		
City Mamu No. 7/5 College And St. March St. Ma	J. G.	/ 1	
2. Fell name of child Andorro Moreus (If birth occurred in a hospital or institution, give its NAME instead of street and number)  3. Sex of Child To be answered ONLY (To be answered ONLY)  4. Twin, triplet or other.  5. Legitimste? 7. Date in which is in event of plural in event of abode)  4. Telegraphic (Clause place of abode)  4. Telegraphic (city or place)  5. No., in order of birth of the mother (Usual place of abode)  6. Color or race  6. Legitimste?  7. Date of birth of the mother (Usual place of abode)  7. Residence (Usual place of abode)  8. Residence (Usual place of abode)  8. Residence (Usual place of abode)  9. Residence (Usual place of abode)  10. Color or race  11. Age at last birthday Ale (Years)  12. Birthplace (city or place)  13. Occupation  14. The event of industry  15. Residence (Usual place of abode)  16. Color or race  17. Age at last birthday Ale (Years)  18. Birthplace (city or place)  19. Occupation  Nature of industry  19. Occupation  Nature of	VA .		
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If non-resident, give place and state.  Organia (Usual place of abode)  If non-resident, give place and state.  Organia (If non-residen	9. Residence Wigner of all 1.	Dianaulina Aricha	
11. Age at last birthday & (Years)  12. Birthplace (city or place) Children (City or place) Children (State or country)  13. Occupation  Nature of industry  Nature of industry  Taken as of time of birth of child herein (city or place) (city or place) CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE*  CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE*  CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE*  When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn or midwife, then the father, householder, etc. should make this return. A stillborn or midwife, then the father, householder, one that neither breathes nor shows other evidence of life after birth.  Registrar.  18. Birthplace (city or place) Low Documents (State or country)  19. Occupation  Nature of industry  Nature of industry  Nature of industry  Nature of industry  (a) Born alive and now living. 3  21. Were precautions laken against ophinal neonatorum. Yea  CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE*  When there was no attending physician or midwife, then the father, householder, one that neither breathes nor shows other evidence of life after birth.  When there was no attending physician or midwife.  Signature  (Born alive or stifftopn)  (Born alive o	If non-resident, give place and state.	(Usual place of abode)	
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